



| | | |
|---|----------------------|------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/718,263-Conf. #8182 |
| | Filing Date | November 20, 2003 |
| | First Named Inventor | Kiyotaka Hirose |
| | Art Unit | 2854 |
| | Examiner Name | W. H. Hamdan |
| | Attorney Docket No. | 17096/003001 |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

OR

| | | | | | |
|--|--|-------|-----|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | | Fax | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 33,986

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature [Signature] #45,079

Typed or Printed Name Jonathan P. Osha THOMAS SCHERER

Date July 8, 2005 Telephone (713) 228-8600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710213358US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 8, 2005 Signature: [Signature] (Yuki Tsukuda)